

# THE MARY MARSHALL NURSING SCHOLARSHIP PROGRAM FOR LICENSED PRACTICAL NURSES



2005

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2005

## **LEGISLATIVE AUTHORITY**

Sections 23-35.9-13 and 32.1-122.6-01 of the *Code of Virginia* authorize annual nursing scholarships for students enrolled in nursing education programs. The Board of Health is authorized to award available nursing scholarships from the Nursing Scholarship Fund established in § 54.3011.2 pursuant to the procedures for the administration of the scholarships awarded.

Under the law, a Nursing Scholarship Advisory Committee appointed by the State Board of Health makes all scholarship awards. The Nursing Scholarship Advisory Committee consists of eight members or their designees: four deans or directors of nursing schools, two former scholarship recipients, and two members with experience in the administration of student financial aid programs. Committee appointments are for two years, and members may not serve more than two successive terms. In the Spring of 1992, another member was added to the committee to represent the Practical Nurse programs. Thus, the Nursing Scholarship Committee consists of nine member or their designees.

The Mary Marshall Nursing Scholarship awards are competitive; there are usually more applicants for scholarship awards than there are funds available. Awards are made upon such basis, competitive or otherwise, as determined by the Advisory Committee, with due regards for scholastic attainments, financial need, and adaptability of the applicant for the service contemplated in such award. No award shall be made if the applicant fails to possess the requisite qualifications.

Funds should be used only for payment of charges for tuition, fees, room, board, or other educational expenses, as prescribed by the Board of Health. Funds will be transmitted to the appropriate institution to credit the account of the recipient.

The Office of Health Policy and Planning serves as staff to the Nursing Scholarship Advisory Committee and plays no role in the determination of scholarship recipients.

## **ELIGIBILITY**

**To be considered for a Mary Marshall Nursing Scholarship, an applicant must meet the following criteria:**

- 1. Residency in the State of Virginia for at least one year;**
- 2. Acceptance or enrollment as a full-time or part-time student in a practical school of nursing in the state of Virginia; and**
- 3. Have submitted a completed application form and a recommendation from the Program Director regarding scholastic attainment and financial need prior to June 30.**

**Failure to comply with any of the above will cause the applicant to be ineligible for a Mary Marshall Nursing Scholarship. Applicants will be evaluated and ranked by the scholarship committee and the most qualified applicants will be awarded the scholarships.**

## **CONDITIONS OF SCHOLARSHIPS**

**It is important that all applicants fully understand the conditions of accepting a Mary Marshall Nursing Scholarship. These awards are not gifts.**

**Scholarship recipients must agree to engage in full-time nursing in Virginia for one month for every \$100 received. Therefore, if a student received \$1,200 in scholarship awards, he/she must repay that amount by working continuously for 12 months. The award recipient has 60 days from the date of graduation to obtain his/her license. Full-time employment must begin within 90 days of the recipient's licensure date. Voluntary military service, even if stationed in Virginia, cannot be used to repay scholarship awards.**

**If, for any reason, a scholarship recipient fails to complete his studies or to engage in full-time nursing in Virginia, the full amount of money represented in the scholarship(s) received, plus an annual interest charge, as established by the Commonwealth of Virginia, must be repaid immediately.**

**Recipients must take the first scheduled licensing examination following graduation. If recipient does not pass, he/she must retake the next scheduled examination. If he/she does not pass the second examination, he/she must repay all scholarship money received, plus an annual interest charge, as stated above.**

**If a recipient leaves the Virginia or ceases to engage in full-time practice as a licensed practical nurse before fulfillment of the scholarship obligation, the recipient must repay the balance on his/her account, plus an annual interest charge, as established by the Commonwealth of Virginia.**

Before any scholarship is awarded, the applicant must sign a written contract agreeing to these terms, as established by law and the Board of Health.

### **NUMBER OF APPLICATIONS PER STUDENT**

Scholarships are awarded for single academic years. However, a recipient may, after demonstrating satisfactory progress in his studies, apply for a scholarship award for a succeeding academic year. No student may receive a scholarship for more than a total of four years.

### **SCHOLARSHIP AMOUNT**

The amount of each scholarship award is dependent upon the amount of funds appropriated by the Virginia General Assembly, the amount of money collected by the Board of Nursing, and the number of qualified applicants.

### **HOW TO APPLY**

Applications and guidelines are available from the Dean/Director or Financial Aid Office at the applicant's nursing school.

If a student is pursuing a graduate degree not available in Virginia, applications may be obtained directly from:

Virginia Department of Health  
Office of Health Policy and Planning  
109 Governor Street, James Madison Bldg., Suite 1016  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219

### **DEADLINE DATE**

Applications must be postmarked no later than June 30 for the academic year, beginning in the Fall of that calendar year. Applications and/or transcripts postmarked after the above date will not be considered for scholarship awards. Applications will not be accepted in The Office of Health Policy and Planning prior to April 30.

## FLOW CHART OF RESPONSIBILITIES

**D-Dean/Director**

**FAO- Financial Aid Officer/Authorized school official**

**S/R - Student/Recipient**

### RESPONSIBILITY

**Maintain a supply of current scholarship applications and guidelines and distribute to students. Notify The Office of Health Policy and Planning when additional applications are needed.**

**D**

**FAO**

**Make certain all parts of the application are completed and Submitted to The Office of Health Policy and Planning prior to the deadline date of June 30.**

**S/R**

**Review the most recent financial records of the applicants. Determine the applicant's specific financial need and enter on the application. Date and sign the application.**

**FAO**

**Review the entire application before affixing signature, thereby indicating:**  
**A. The applicant has properly completed the application form.**  
**B. The financial aid officer/authorized person has verified proof of need.**  
**C. The applicant's entrance and graduation dates are correct.**  
**D. The school of nursing is recommending the applicant for a scholarship based upon ability and academic potential.**

**D**

**Notify The Office of Health Policy and Planning when recipient fails, transfers, or withdraws from the school.**

**D**

**S/R**

**Notify The Office of Health Policy and Planning when there is a change in a recipient's name and/or address.**

**S/R**

**Notify The Office of Health Policy and Planning when recipient's graduation date changes.**

**D**

**S/R**

**Notify The Office of Health Policy and Planning of plans for employment upon graduation.**

**S/R**

**Notify The Office of Health Policy and Planning if recipient does not pass state licensing examination for licensed practical nurses.**

**S/R**

**Submit Verification of Employment form to The Office of Health Policy and Planning at least every 3-4 months until work obligation is fulfilled.**

**S/R**

## **MARY MARSHALL NURSING SCHOLARSHIP APPLICATION INFORMATION**

**Attached is your application for a Mary Marshall Nursing Scholarship. It is important that all applicants read and understand the following information prior to applying for a scholarship award. Failure to comply with any of these application requirements will result in the applicant being ineligible for a scholarship.**

### **APPLICATION REQUIREMENTS**

- 1. All items on the application form must be answered.**
- 2. Applicants must submit recommendations from the Director of the nursing program regarding scholastic attainment and financial need.**
- 3. Applicants must be a high school graduate or have a GED.**
- 4. Applicants must be enrolled as a full-time or part-time nursing student and engage in nursing study at the time of the award. Applicants enrolled as part-time students must report the total number of hours they are taking.**
- 5. Applications and transcripts must be postmarked by June 30 for the academic year beginning in the Fall of that calendar year. (Applications will not be accepted prior to April 30.)**
- 6. It is the responsibility of the applicant to see that:**
  - a. The application form is completed;**
  - b. All signatures are obtained on the application form; and**
  - c. Application and official grade transcript are mailed prior to June 30 to:**

**Virginia Department of Health  
Office of Health Policy and Planning  
109 Governor St., James Madison Bldg.,  
Suite 1016  
Post Office Box 2448 (23218)  
Richmond, Virginia 23219**

# MARY MARSHALL NURSING SCHOLARSHIP PROGRAM For LICENSED PRACTICAL NURSES

## APPLICATION FORM

### Section 1 – PERSONAL DATA

DATE OF APPLICATION: _____		
Name:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last</span> <span>First</span> <span>MI</span> </div>	
Address:	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>Number</span> <span>Street</span> </div>	
	<div style="display: flex; justify-content: space-between; width: 100%;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	
Day Phone #: (    ) _____ Evening Phone #: (    ) _____		
Email address (if available): _____		
Social Security #: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: _____ Place of Birth: _____		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
How long have you been a resident of Virginia? _____		
Congressional District _____ (Please check with your voter registration office.)		
Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a certified nursing assistant (CNA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever received a Mary Marshall Nursing Scholarship?		
If yes, in what year(s)? _____		
By what name, if different from current name? _____		
Which school of nursing were you attending? _____		
<b>Contact Person (other than applicant)</b>  Name: _____ Phone: _____  Address: _____  Relationship to applicant: _____		



## Section 2 – NURSING EDUCATION

### Application for academic year of 2005 to 2006

School of Nursing: \_\_\_\_\_

Address: \_\_\_\_\_

Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_ If Part-time student number of hours \_\_\_\_\_

Have you transferred to this school from another nursing program? \_\_\_\_Yes \_\_\_\_No

Name of previous school: \_\_\_\_\_

Date of enrollment in present Nursing Program: Month \_\_\_\_\_ Year \_\_\_\_\_

Expected Date of Graduation: Month \_\_\_\_\_ Year \_\_\_\_\_

## Section 3 – PRIOR EDUCATION

School	Diploma	City & State	Date of Attendance	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Section 4 - WORK EXPERIENCE

Check here if never employed ☐

Type of Position	Name of Employer	City & State	Dates of Employment	Reason for Leaving
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## Section 5 – OTHER FINANCIAL ASSISTANCE

Are you receiving any other type of financial aid for the upcoming school year? \_\_\_\_Yes \_\_\_\_No

Please indicate: \_\_\_\_\_

## Section 6 - NARRATIVE SUMMARY

[illegible]

Date \_\_\_\_\_

<b>Section 7 – CERTIFICATION STATEMENT</b>
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All of the information on this scholarship application is true and complete to the best of my knowledge. I realize that information from this application will be used to determine scholarship eligibility. If asked by the Nursing Scholarship Committee, I agree to provide documentation verifying any information on this application. I have read and accept the conditions of the Mary Marshall Nursing Scholarship.

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Applicant's Signature Date

Date \_\_\_\_\_

<b>Section 8 – STATEMENT OF FINANCIAL NEED</b>	
<p>This section must be completed and signed by the nursing school financial aid officer or program director and must include a monetary recommendation.</p> <p>1. Student Costs:              Cost of Program for one year _____              (including tuition, fees, books, uniforms, etc.)</p> <p>2. Scholarship Recommendation:              Based upon a review of this applicant's financial situation, I recommend a Mary Marshall              Nursing Scholarship award of \$_____.</p> <p>_____          Name of Financial Aid Officer/Authorized Person (print please) <span style="float: right;">Phone #</span></p> <p>_____          Signature of Financial Aid Officer/Authorized Person <span style="float: right;">Date</span></p>	
<b>Section 9 – STATEMENT OF SCHOLASTIC ATTAINMENT</b>	
<p style="text-align: center;"><b>To be completed by the Program Director</b></p> <p>Please describe the applicant's scholastic ability. It is important that students have the potential to complete their studies because of the financial penalty involved in paying back scholarship awards.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I certify that this student is a high school graduate or possesses a GED.</p> <p>_____          Name of Program Director (print) <span style="float: right;">Phone Number</span></p> <p>_____          Signature of Program Director <span style="float: right;">Date</span></p>	

## Section 10 – SCHOOL OF NURSING RECOMMENDATION

Must be filled in completely and signed by Program Director of School of Nursing.

1. Name of Applicant: \_\_\_\_\_
2. This applicant is: \_\_\_\_\_attending \_\_\_\_\_approved for admission
3. Date of entrance: Month\_\_\_\_\_ Year\_\_\_\_\_
4. During this award period, the applicant will be a \_\_\_\_\_Full-time student
5. Please specify any extenuating circumstances that may have influenced your recommendation.

[illegible]

I recommend \_\_\_\_\_ for a Mary Marshall Nursing Scholarship Award.

Name of Authorized Person Completing this Section	Title
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Name of Authorized Person Completing this Section	Title
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Signature	Date
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Signature	Date
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Full Name of School of Nursing:\_\_\_\_\_

Phone Number: \_\_\_\_\_

**MARY MARSHALL NURSING SCHOLARSHIP  
PROGRAM  
For LICENSED PRACTICAL NURSES**

**APPLICATION CHECK LIST**

This checklist has been provided to facilitate the application process. Please send us all the documents listed below to ensure that your application is complete.

- ☐ A COMPLETED MARY MARSHALL NURSING SCHOLARSHIP LICENSED PRACTICAL NURSE APPLICATION FOR 2005. (Old applications will not be accepted.)

Please be sure that:

- ☐ ALL ITEMS ON THE APPLICATION ARE ADDRESSED.
- ☐ PROGRAM DIRECTOR OR AUTHORIZED SCHOOL OFFICIAL HAS COMPLETED THEIR SECTION OF APPLICATION. SECTION 9 - SCHOOL OF NURSING RECOMMENDATION MUST BE COMPLETED.
- ☐ ALL AUTHORIZED SCHOOL OFFICIALS SIGN AND DATE THE APPLICATION IN THE DESIGNATED PLACES.
- ☐ THE APPLICATION IS MAILED TO THIS OFFICE BY THE JUNE 30 DEADLINE.

